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APPLICANTS
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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /CHRISTOPHER KOHARSKI Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY TAIWAN	SHEETS DRAWINGS 33	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 2
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ADDRESS
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TITLE
 Sterilized safety syringe

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